

# Work Order ID 121703

**\*121703\***

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Thursday, June 26, 2014 3:07:23 PM

Item ID: D5043-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Fixed Hinge  
 Start Date: 6/26/14 Start Qty: 28.00 **\*28\*** Cust Item ID:  
 Required Date: 6/26/14 Req'd Qty: 28.00 **\*28\*** Customer:  
 Reference:

Approvals: Process Plan: MLS Date: 14-06-30 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
D5043	A								
100	Cut blanks as per folio	0.00				28	0		MM 14/07/21
<b>*100*</b>									
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	CUT BLANK AT 2.00"								
110		0.00				28	0		MM 14/07/25
<b>*110*</b>									
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	MACHINE AS PER DWG & FOLIO FB289 FOLIO REV: <u>A</u> DWG REV: <u>A</u>								

DEBURR

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Page 2

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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00				28	Ø		MH
<b>*120*</b>									
QC	Memo	0.00							14/07/25
Quality Control									
130	QC8- Inspect parts - second check	0.00							
<b>*130*</b>						28	Ø		14/07/25
QC	Memo	0.00							
Quality Control									
140	Identify as per dwg & Stock Location: <u>ST/29</u>	0.00							
<b>*140*</b>						28x			
Packaging	Memo	0.00							
Packaging									

DAS  
28  
9-89

JUL 28 2014

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Over/Under tolerance  <input type="checkbox"/> Part Incorrect  <input type="checkbox"/> Part Lost/Missing  <input type="checkbox"/> Part Moved  <input type="checkbox"/> Positioned Wrong  <input type="checkbox"/> Power Loss/Surge         </div> <div style="width:45%;"> <input type="checkbox"/> Pressure/Forced  <input type="checkbox"/> Set-up  <input type="checkbox"/> Temperature/Cure  <input type="checkbox"/> Weld  <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other         </div> </div>		

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Page 3

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Start Date: 6/26/14      Start Qty: 28.00      **\*28\***      Cust Item ID:  
Required Date: 6/26/14      Req'd Qty: 28.00      **\*28\***      Customer:  
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Approvals:      Process Plan:      Date:      Tooling:      Date:      Run Start **\*NR1\***  
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Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

QC21- Final Inspection - Work Order Release

0.00

**\*150\***

QC

Memo

0.00

Quality Control

14/7/28  
4-7-28

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Doc/Data									
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Offset/Setup									
Process									
Supplier									
Training									
Transport									
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# Picklist Print

Thursday, June 26, 2014 3:07:22 PM

Page 1

Work Order ID: 121703

\*121703\*

Parent Item: D5043-1

\*D5043-1\*

Parent Item Name: Fixed Hinge

Start Date: 6/26/14

Required Date: 6/26/14

Start Qty: 28.00

Required Qty: 28.00

Comments: IPP REV A RQ VERIFIED BY DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MDEL RINB0.750X1.00 0		Purchased	No			100	f	1.3275	0.166	4.892630			

\*MDFI RINB0 750X1 000\*

\*\*

Delrin Bar

Location

Loc Qty

Loc Code

MAT

1.3275

m128113

1.3275

4.8

MM  
14/02/21

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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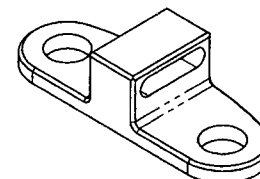
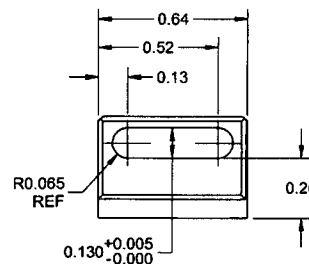
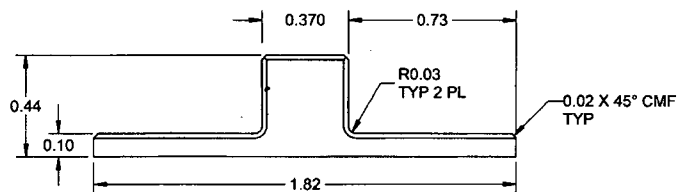
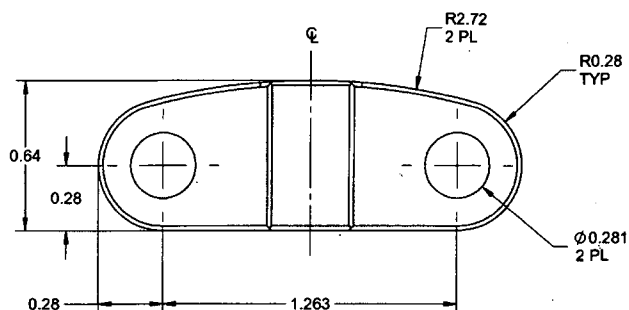
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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

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SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 121703 MLC  
1406-30

# **D5043-1 FIXED HINGE**

## **NOTES:**

- 1) MATERIAL: BLACK DELRIN II 150E OR ACETRON GP ACETAL  
REF DART SPEC M-DELRIN-B
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.01 lbs

**RELEASED**  
2014-05-26  
WJD

APPROVED

DESIGN	AK	<b>DART AEROSPACE USA, INC.</b> KENT, WA	
DRAWN	AK		
CHECKED	VS	DRAWING NO.	REV. A
MFG. APPR.	JLM	<b>D5043</b>	SHEET 2 OF 4
APPROVED	MP	TITLE	SCALE
DE APPR.	DS	<b>FUEL CAP HINGE ASSY</b>	NTS
DATE	14.01.14	COPYRIGHT © 2014 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMING TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

